FEE: \$80

NON-REFUNDABLE
Payable to:
Maine State Treasurer

REAL ESTATE AGENCY LICENSE APPLICATION

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
MAILING ADDRESS:

MAINE REAL ESTATE COMMISSION

35 STATE HOUSE STATION, AUGUSTA ME 04333-0035

FOR MREC OFFICE USE ONLY
CHECK NO
AMT
CASH NO
APPRVL DATE
LIC NO
LIC TERM

INSTRUCTIONS Read all instructions and follow directions carefully. Incomplete applications will be returned.

- ALL APPLICANTS must
 - Complete this application in full. Enter N/A in sections not applicable; all sections MUST be completed.
 - Submit a separate 8 ½ " x 11" sheet listing the name, home address and office held for the following agency types:
 - Officers of the Corporation
 - Partners of the Partnership or Limited Partnership
 - Members of the Limited Liability Company or Association
 - Furnish the Federal Employer Identification Number (FEIN) Individual Proprietors may use Social Security Number – all others must furnish FEIN
 - Open a trust account in a bank located in the State of Maine, pursuant to 32 MRSA §13178
 - Have a fixed and definite place of business, pursuant to 32 MRSA §13173(5)
 - Conspicuously display the agency license in the agency place of business, pursuant to 32 MRSA §13181 (See 32 MRSA, Chapter 114, Subchapter III for other laws relating to agency licenses)
- CORPORATION, LIMITED LIABILITY COMPANY and LIM ITED PARTNERSHIP must include on this application the file number assigned by the Maine Secretary of State
- NON-RESIDENT APPLICANTS must furnish the following *in addition* to the information requested above:
 - Agency Letter of Certification from the licensing state if the agency is physically located outside the State of Maine
 - Broker Letter of Certification from the state in which the agency is located for the broker who will serve as designated broker (required only if the agency is physically located outside the State of Maine)
 - o Irrevocable Consent to Service form (available from the Real Estate Commission)
 - Non-resident corporation, limited liability company or limited partnership MUST register with the Maine Secretary of State, Bureau of Corporations as a foreign business entity prior to application for a Maine agency license.
- MAIL ALL MATERIALS TO ADDRESS ABOVE

AGENCY LICENSE TYPE (CHECK ONE)					
	□ CORPORATION □ LIMIT	ED LIABILITY COMPANY	□INDIVIDUAL PROPRIETORSHIP		
	□PARTNERSHIP □LIMIT	ED PARTNERSHIP	□ASSOCIATION		
1.	. AGENCY LEGAL NAME				
2.	2. AGENCY TRADE NAME				
3.	3. DESIGNATED BROKER				
	DESIGNATED BROKER's LICENSE NUMBER		EXPIRE DATE/		
4.	4. AGENCY MAILING ADDRESS STREET or P O BOX				
	CITY	STATE	ZIP		
	COUNTY	PHONE/	FAX/		
	EMAIL				
5.	5. AGENCY PHYSICAL LOCATION STREET or P O BOX_				
	CITY	STATE	ZIP		
	COUNTY	PHONE/	FAX/		
6.	6. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEI	N)			
7.	7. CORPORATION FILE NUMBER (ASSIGNED BY MAINE SE	CRETARY OF STATE)			
8.	LTD LIABILITY OR LTD PARTNERSHIP FILE NO. (ASSIGNED BY MAINE SECRETARY OF STATE)				
			OVER →		

CRIMINAL BACKGROUND DISCLOSURE Has the applicant agency, appointed designated broker or any of the applicant agency's members, officers or directors ever been convicted by any court of any offense, other than minor traffic violations? YES NO					
If YES, provide a written statement on a separate sheet with the date and a detailed explanation of the circumstances surrounding each conviction. Submit the statement and a copy of the court judgment(s) with this application.					
IO. OTHER BUSINESS Is the applicant agency engaged in any business other than real estate brokerage? ☐ YES ☐ NO If YES, state nature of business:					
II. STATEMENT BY OWNER (Not required for Individual Proprietors – All others must complete)					
I, hereby appoint					
_PRINTED NAME OF AGENCY OWNER OF OTHER AUTHORIZED OFFICIAL PRINTED NAME OF APPOINTED DESIGNATED BROKER					
to act as designated broker for the real estate agency applying for licensure by this application.					
SIGNATURE OF AGENCY OWNER OR AUTHORIZED OFFICIAL DATE	_				
12. DESIGNATED BROKER'S SWORN STATEMENT AND SIGNATURE					
Appointed Designated Broker: Read the statement below and sign where indicated in the presence of a notary public as your testament to the truthfulness of the information provided on this application.					
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief and that all qualifications necessary for licensure have been met as prescribed by 32 M.R.S.A. Chapter 114.					
Designated Broker's Signature Date					
NOTARY PUBLIC					
Please note, applicant MUST sign this application in your presence in order that this notarization be valid.					
The above named personally appeared before me and PRINTED NAME OF DESIGNATED BROKER					
being duly sworn according to law deposes and says that the information above set forth is true to the best of h knowledge and belief and that this application is made for the purpose of inducing issuance of the license requested.					
Sworn and subscribed to before me at this day of, 20	_•				
NOTARY PUBLIC SIGNATURE TERM OF COMMISSION	_				
NOTARY STAMP OR SEAL (OPTIONAL	.)				

NOTICE

This application is a public record for purposes of the Maine Freedom of Access law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers of mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.